

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4236

Registrar's No. 17

Registration District No. 84

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(c) Name of hospital or institution:  
302 Altus Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community, years, months or days)

3. (a) PRINT FULL NAME Mrs. Louise Marie Dahl

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Phillip Dahl 6. (c) Age of husband or wife if alive div. years  
7. Birth date of deceased Oct. 4 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 2 28 hr. min.

9. Birthplace Chicago, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Reutner  
13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Schmidt  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. J. Smith  
(b) Address 650 W. Kirkwood Rd.

17. (a) Cremation (b) Date thereof Jan. 5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Nathaniel's Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 1314 W. Rogers St. Kirkwood, Mo.

19. (a) JAN 5 - 1941 (b) I R Meyer  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Kirkwood 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 Altus Pl. 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2  
year 1941 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 15, 1940, to 1-2, 1941  
that I last saw him alive on 1-2, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung 3  
Duration

Due to 1st place

Due to 1st place  
Other conditions Carcinoma of uterus 2  
(Include pregnancy within 3 months of death)

Major findings: 1st place  
Of operations 1st place  
Of autopsy 1st place  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E E Barnett (M. D. or other) 1  
Address 243 W. Jefferson 1-3-41  
Date signed mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis H Bopp....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis H Bopp.....

Licensed Embalmer No. 924

P. O. Address Wickwood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**